



1044 Alta Vista Road | Louisville KY 40205-1798 | www.lpts.edu
800.264.1839 | 502.895.3411 | 502.992.9399 (fax) | blackchurchstudies@lpts.edu

RECOMMENDATION FORM

Black Church Studies Certificate Program

Thank you for your interest in Louisville Seminary. This reference form is required for application to the Certificate Program in Black Church Studies.

All documents submitted for application become the property of Louisville Seminary and are not returnable to you or transferable to a third party.

In keeping with our long-standing traditions and policies of actively supporting equal opportunity for all persons, we admit students "ethnic and national background, sex, sexual orientation, gender identity, religion, age, or physical disability." Students are considered on the basis of individual merit, and factors such as those cited above have no bearing on admissions or financial aid.

Reference Forms are available on-line at www.lpts.edu or from the Admissions Office. It is the responsibility of the applicant to ensure that persons providing references obtain or access the appropriate forms and submit them to the Office of Admissions.

TO BE COMPLETED BY APPLICANT

Name: _____
last first middle

Email: _____

Current Phones:

Home: _____ Cell: _____

Fax: _____ Work: _____

Anticipated year of study: Fall _____ (year)

I understand that by providing Louisville Seminary this reference that the Seminary may contact this person for the purpose of determining my potential success in theological education and hereby grant permission for Louisville Seminary to do so.

In accordance with the Family Education Act of 1974, I hereby

waive do not waive

my right of access to this recommendation in the event that I become a student at Louisville Seminary and am accorded this right.

signature

date

Thank you for taking time to assist us in evaluating this candidate for admission to Louisville Seminary. Your frank assessment will help us judge the person's capacity for theological education. We believe that a good reference will point to the applicant's weaknesses and limitations as well as strengths.

Before submitting your completed form, we strongly encourage you to make a copy for your own records.

Also, please review page one of this form. Applicants are asked whether or not they waive their right of review of your recommendation.

If you would like further information about Louisville Seminary, you may visit our website (www.lpts.edu) or you may contact the Director of the Black Church Studies Program at 800.264.1839 or by e-mail at blackchurchstudies@lpts.edu.

Please return to:
Black Church Studies Program
Louisville Seminary
1044 Alta Vista Road
Louisville KY 40205
502.992.9399 (fax)

TO BE COMPLETED BY RECOMMENDER

Name: _____
last first middle

Mailing Address:

address

city state zip

Phones:

Home: _____ Cell: _____

Fax: _____ Work: _____

Occupation: _____

May we contact you at work? yes no

E-mail: _____

- I recommend this applicant without reservation.
- I recommend this applicant.
- I recommend this applicant with reservation (see letter attached).
- I cannot recommend this applicant.

signature date

On a separate sheet of paper, please type a letter of recommendation. If mailing a hard copy, please use letterhead of the organization with which you are associated if appropriate and available. If on-line, please send your letter as an attachment. Please address the following, citing examples when possible:

- How long and in what roles have you known the applicant?
- What can you tell us about the applicant's maturity of faith, depth of religious commitment and understanding, vocational discernment, and capacity for contribution to church and society?
- How would you describe the applicant's strengths and limitations?
- How would you evaluate the applicant's leadership abilities, response to stress, and ability to work collaboratively with others?